Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

| 1. Committee In   | formation        |  |   |              |  |                 |                    |                           |
|---|------------------|--|---|--------------|--|-----------------|--------------------|---------------------------|
| a. Full Name  |                  |  |   |              |  |                 |                    | c. ID Number              |
| COMMITTEE TO ELECT STEVE GRAVES CATAWBA COUNTY BOARD OF COMMISSIONERS |                  |  |   |              |  |                 | 3-DUM-9-6          |                           |
| b. Mailing Addre  | ess (include Ci  | ty, State and Zij  | (Code   |              |  |                 |                    | d. Date Filed             |
| PO BOX 3741<br>HICKORY, NO  | 28603-3741       |  |   |              |  |                 |                    | 04/24/2012                |
| menon,  | 20003 3111       |  |   |              |  |                 |                    | e. Phone Number           |
|   |                  |  |   |              |  |                 |                    |                           |
| 2. Report Year  | 3. Period Star   | t Date (mm/dd/   | yy)   | 4. Period    | End Date   | (mm/dd/yy)      | 5. Treasur         | er Full Name              |
| 2012  | 0                | 1/01/2012  |   |              | 04/21/20   | 12              | LISA B. C          | OFFEY                     |
| 6. Type of Comr   |                  | One)   |   | e of Repor   | t (che   | ck only one     | type of rep        | ort from one category)    |
| X Candidate Can   |                  | rty  | Munic   |              |  | tate/County     |                    | Referendum                |
| ☐ Joint Fundrais  | er 🔲 PA          | C  |   | Organizatio  | nal [  | Organizatio     | nal                | ☐ Organizational          |
| Referendum  | ☐ Leg            | gal Expense Fund   |   | Thirty-five  | day  | Quarterly       |                    | ☐ Pre-referendum          |
| 7. Type of Fund   |                  | le, check one)   |   | Pre-primary  | .   5  | First           |                    | ☐ Final                   |
| Booster Fund  | ī"               |  |   | Pre-election | · (E   | Second          |                    | ☐ Supplemental Final      |
| Building Fund   |                  |  |   | Pre-runoff   |  | Third           |                    | ☐ Annual                  |
| ☐ Presidential E  | lection Year Can | didates Fund   | 1   | Semi-annua   | ı )[   | Fourth          |                    | ☐ Special                 |
| ■ NC Public Can   | npaign Financing | g Fund   |   | Mid Ye       | ar   | Semi-annua      | Į.                 |                           |
|   |                  |  |   | Year E       | nd [[  | Mid Ye          | ar                 | 10. Special Report Name   |
| Other:  |                  |  |   | Final        | [  | Year E          | nd                 |                           |
| 8. Number of Fu   | indraisers this  | Report   |   | Special      | )[   | Final           |                    |                           |
|   | 0                |  |   |              | [  | ☐ Special       |                    |                           |
| 3. Account Info   |                  |  |   |              | SUPPLIES OF THE SECTION OF THE SECTI | unt Informati   | 3322               |                           |
| a. Financial Inst   | itution Full Na  | me   |   |              | a. Finan   | cial Institutio | on Full Nam        | e                         |
| FIRST CITIZE  | NS BANK          |  |   |              |  |                 |                    |                           |
| b. Purpose  |                  | c. Account Cod   | le  |              | b. Purpo   | se              |                    | c. Account Code           |
| POLITICAL A   | CCOUNT           | 15   | 555R  |              |  |                 |                    |                           |
|   |                  | d. Period Begin  | Balan   | ce           |  |                 |                    | d. Period Begin Balance   |
|   |                  | s  |   | 100.00       |  |                 |                    | s                         |
| CERTIFICATIO  | N                |  |   |              |  |                 |                    |                           |
|   |                  | or Fund is in co   | moliano   | e with all a | nnlicable  | e provisions    | of Article 2       | 2A, 22B & 22D-22M of      |
|   |                  |  |   |              |  |                 |                    | ther non-disclosed        |
|   |                  |  |   |              |  |                 |                    | ed by the NC State Board  |
| iunus. Tiurui   |                  | and report to ec   | приссе,   |              | $\cap$   |                 |                    |                           |
| 1:50  | 3(102            | 10.1   | 0   | Lines        | 3 (1)  | Aloen           |                    | 04/24/2012                |
| P1  | rinted Name of S | Signer   | - 1   | Sign         | ature of A   | ppointed Trea   | surer              | Date                      |
| FOR OFFICE U  | SEONLY           |  |   |              |  |                 | WATER CONTRACT AND |                           |
|   | -                |  |   |              |  |                 | Del                | ivery Method              |
| Date Receive  | ed:              |  | FIL   | Emplo        | yee:   |                 | 1000000            | Normal Mail               |
|   | 113              |  | 5 11  |              |  |                 |                    | Registered Mail           |
| Date Postma   | irked:           | APR 9 / 20   | 2   | Emplo        | yee:   |                 |                    | Hand Delivered            |
| D : 6   | , [111           | MIN 24 20  | 12 1  | , r.         |  |                 |                    | Electronically Filed      |
| Date Scanne   | ed:              |  | _   | Emplo        | yee:   |                 | -                  |                           |
|   | . Ву             |  |   |              |  |                 |                    | Signer has not received   |
| Date Data Er  | ntered:          | A STATE OF THE PARTY OF THE PAR | No. of Concession, Name of Street, or other Designation, Name of Street, Name | Emplo        | yee:   |                 |                    | mandatory training        |
| Dlogge Not  | o This fam.      | onnot be   | to ome  | d committee  | a info   | ntion such a    | the commi          | ittee address, treasurer, |
| I lease 1101  |                  | annot be used t<br>nt treasurer, cus   |   |              |  |                 |                    |                           |
|   |                  | d the Statement  |   |              |  |                 |                    |                           |
| Y   | on must amen     | u tite Statemen  | UUUT  | anization (  | UNU-210  | ULT-LITE HIRK   | e commune          | c citaliges.              |

Detailed Summary
Use this form to summarize all

Amendment
☐ Yes 🏻 No

| Use this form to summarize all disclosure reporting forms and to total | monetary information |
|--|----------------------|
|--|----------------------|

| Committee Full Name (and Fund if applicable)                      | 2. Type of Re | THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN | 3. ID      | Number      |
|---|---------------|--|------------|-------------|
| COMMITTEE TO ELECT STEVE GRAVES                                   | 2012 First Q  | uarter   |            | 3-DUM-9-6   |
| CATAWBA COUNTY BOARD OF  Start of Election Cycle: January 1, 2011 | Total this    |  | Total this |             |
| 4) Cash on Hand at Start  |               | Reporting Period 100.                              | _          | S 0.00      |
| RECEIPTS  |               | 100.   | 00         |             |
| 5) Aggregated Contributions from Individuals                      | (CRO-1205)    | \$ 45.   | 00         | \$ 45.00    |
| 6) Contributions from Individuals                                 | (CRO-1210)    | \$ 2,234.  | -          | \$ 2,752.35 |
|   | (CRO-1220)    |  |            | \$ 0.00     |
| 7) Contributions from Political Party Committees                  | (CRO-1230)    |  | -          | \$ 0.00     |
| 8) Contributions from Other Political Committees                  |               | ļ  | -          | 200         |
| 9) Loan Proceeds  | (CRO-1410)    | -  |            |             |
| 10) Refunds/Reimbursements to the Committee                       | (CRO-1240)    | \$ 0.  | 00         | \$ 0.00     |
| 11) Other Receipt Sources   |               |  |            |             |
| 11a) Interest on Bank Accounts                                    | (CRO-1250)    | \$ 0.  |            | \$ 0.00     |
| 11b) Contributions from Not-For-Profit Organizations              | (CRO-1250)    | \$ 0.  | 00         | \$ 0.00     |
| 11c) Outside Sources of Income                                    | (CRO-1250)    | \$ 0.  | 00         | \$ 0.00     |
| 11d) Legal Expense Fund - Other Sources                           | (CRO-1270)    | \$ 0.  | 00         | \$ 0.00     |
| 11e) Exempt Purchase Price Sales                                  | (CRO-1265)    | \$ 0.  | 00         | \$ 0.00     |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,       | ,11d and 11e) | \$ 2,279.  | 26         | \$ 2,797.35 |
| EXPENDITURES  |               |  |            |             |
| 13) Disbursements   |               |  |            |             |
| 13a) Operating Expenditures                                       | (CRO-1310)    | \$ 945.  | 17         | \$ 945.17   |
| 13b) Contributions to Candidates/Political Committees             | (CRO-1310)    | \$ 0.  | 00         | \$ 0.00     |
| 13c) Coordinated Party Expenditures                               | (CRO-1310)    | \$ 0.  | 00         | \$ 0.00     |
| 14) Aggregated Non-Media Expenditures                             | (CRO-1315)    | S 16.  | 90         | \$ 16.90    |
| 15) Loan Repayments   | (CRO-1420)    | S 0.   | 00         | \$ 0.00     |
| 16) Refunds/Reimbursements from the Committee                     | (CRO-1320)    | \$ 719.  | 35         | \$ 719.35   |
| 17) In-Kind Contributions   | (CRO-1510)    | \$ 609.  | 26         | \$ 1,027.35 |
| (8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15           | , 16 and 17)  | \$ 2,290.  | 68         | \$ 2,708.77 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then sul    |               | \$ 88.   |            | \$ 88.58    |
| ADDITIONAL INFORMATION  |               |  |            |             |
| 20) Non-Monetary Gifts Given to Other Committees                  | (CRO-1330)    | s 0.   | 00         |             |
| 21) Outstanding Loans (incl. ones from other campaigns)           | (CRO-1430)    | \$ 0.  | 00         |             |
| 22) Debts and Obligations owed by the Committee                   | (CRO-1610)    | \$ 0.  | 00         |             |
| 23) Debts and Obligations owed to the Committee                   | (CRO-1620)    | s 0.   | 00         |             |
| 24) Account Transfers Within the Committee                        | (CRO-1720)    | s 0.   | 00         |             |
| 25) Administrative Support  | (CRO-1710)    | s 0.   | 00         | \$ 0.00     |
| 26) Forgiven Loans  | (CRO-1440)    | s 0.   | 00         | \$ 0.00     |
| 27) 48-Hour Notice Reports Sum                                    | (CRO-2220)    |  | _          | \$ 0.00     |
| 28) Contributions to be Refunded                                  | (CRO-1215)    |  | -          | \$ 0.00     |

| Aggrega  | ted Contrib      | outions from I      | ndividuals Page        | l of           | 1       | Amendme   | ent<br>No |
|--|------------------|---------------------|------------------------|----------------|---------|-----------|-----------|
| Optional for   | rm used to repor | t NC Contributions  | From Individuals of \$ | 50 or less     |         |           |           |
| 1. Committe  | e Full Name (and | Fund if applicable) |                        |                | 2. ID 1 | Number    |           |
| COMMITT  |                  | TEVE GRAVES CA      | TAWBA COUNTY BO        | ARD OF         |         | 3-DUM-    | -9-6      |
| 3. Contribut   | or Information   |                     |                        |                |         |           |           |
| a. Amend   | b. Account Code  | c. Form of Payment  | d. In-Kind Description | e. Date (mm/de | l∕yyyy) | f. Amount | t         |
| ☐ Add<br>☐ Remove  | 1555R            | Check               |                        | 03/23/20       | 12      | s         | 45.00     |
| 4. Total only this Page  |                  |                     |                        |                |         |           | \$45.00   |
| 5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) |                  |                     |                        |                | \$      |           | \$45.00   |

RO-1205 NC State Board of Elections

April 2007

## **Contributions from Individuals**

|     |      |   | Amendme | ent  |
|-----|------|---|---------|------|
| Pg1 | _ of | 4 | ☐ Yes   | X No |

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| 1. Comr  | . Committee Full Name (and Fund if applicable) 2. ID Number |                    |                |                                   |                        |      |                         |         |  |
|--|---|--------------------|----------------|-----------------------------------|------------------------|------|-------------------------|---------|--|
|  |   | CT STEVE GRAVES    | CATAWBA (      | COUNTY BOA                        | ARD OF                 |      | 3-DUM                   | -9-6    |  |
|  | COMMISSIONERS   |                    |                |                                   |                        |      |                         |         |  |
| entirelities alternative description   | ributor Informati   |                    | Ц              | Add Rei                           |                        | 1.0  |                         |         |  |
|  | ame, Mailing Add<br>de city, state, & zi                    |                    |                | b. Job Title/Pro                  |                        | d. ( | Comments                |         |  |
|  |   |                    |                | MANAGER A                         | ASSET<br>ENT/TRANSPORT |      |                         |         |  |
|  | ASHERBRANE<br>TH AVE DR NW                                  |                    |                |                                   | Name/Specific Field    | 1    |                         |         |  |
|  | RY, NC 28601  |                    |                | FRYE REGIO                        | ONAL MEDICAL           |      |                         |         |  |
|  | 20-8754   |                    |                | CENTER                            | 0.1112.112.101.12      | e. I | lection Sun             | to Date |  |
| ,  |   |                    |                |                                   |                        | \$   |                         | 125.00  |  |
| f. Prior   | g. Account Code   | h. Form of Payment | i. In-Kind Des | cription                          | j. Date (mm/dd/yyyy)   |      | k. Amount               |         |  |
|  | 1555R   | Check              |                |                                   | 01/18/2012             |      | \$                      | 125.00  |  |
|  |   |                    |                |                                   |                        |      | s                       |         |  |
|  |   |                    |                |                                   |                        |      | \$                      |         |  |
|  | ibutor Informati  |                    |                | Add Rei                           |                        |      |                         |         |  |
|  | ame, Mailing Add  |                    |                | b. Job Title/Pro                  |                        | d. C | Comments                |         |  |
|  | de city, state, & zi  | (P)                |                | RETIRED-CI                        | HIEF INSPECTOR         |      |                         |         |  |
|  | S J. CARNEY<br>OCKHART AVE                                  | 10                 |                | c. Employer's Name/Specific Field |                        |      |                         | 1       |  |
|  | ILLAGES, FL 3   |                    |                | U.S. DEPT OF JUSTICE              |                        |      |                         |         |  |
|  |   |                    |                |                                   |                        |      | e. Election Sum to Date |         |  |
|  |   |                    |                |                                   |                        |      |                         | 100.00  |  |
| f. Prior   | g. Account Code   | h. Form of Payment | i. In-Kind Des | cription                          | j. Date (mm/dd/yyyy)   |      | k. Amount               |         |  |
|  | 1555R   | Check              |                |                                   | 03/17/2012             |      | s                       | 100.00  |  |
|  |   |                    |                |                                   |                        |      | \$                      |         |  |
|  |   |                    |                |                                   |                        |      | s                       |         |  |
| A-17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1   | ibutor Informatio   |                    |                |                                   | move                   |      |                         |         |  |
|  | ame, Mailing Add  |                    |                | b. Job Title/Pro                  |                        | d. ( | Comments                |         |  |
|  | de city, state, & zi  | (P)                |                | ACCOUNTA                          | NT                     |      |                         |         |  |
| PO BO  | COFFEY  |                    |                | c. Employer's Name/Specific Field |                        |      |                         |         |  |
|  | RY, NC 28603-   | 3741               |                | THE BEST C                        | OF BEERS, LLC          |      |                         |         |  |
|  | 12-5800   |                    |                |                                   |                        | e. I | lection Sum             | to Date |  |
|  |   |                    |                |                                   | •                      | \$   | ,                       | 341.86  |  |
| f. Prior   | g. Account Code   | h. Form of Payment | i. In-Kind Des | cription                          | j. Date (mm/dd/yyyy)   |      | k. Amount               |         |  |
|  |   | In-Kind            | POSTAGE        |                                   | 01/09/2012             |      | S                       | 6.23    |  |
|  |   | In-Kind            | TAB DIVIDE     | RS                                | 03/23/2012             |      | \$                      | 4.80    |  |
|  |   |                    |                |                                   |                        |      | s                       |         |  |
|  | al only this Pa   |                    |                |                                   |                        | \$   |                         | 236.03  |  |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) |   |                    |                |                                   | s                      |      | 2,234.26                |         |  |

## **Contributions from Individuals**

|    |   |    |   | Amendme | ent   |
|----|---|----|---|---------|-------|
| Pg | 2 | of | 4 | ☐ Yes   | No No |

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable)   | 2. ID Number            |
|---|-------------------------|
| COMMITTEE TO ELECT STEVE GRAVES CATAWBA COUNTY BOARD OF COMMISSIONERS   | 3-DUM-9-6               |
| 3. Contributor Information ☐ Add ☐ Remove   |                         |
|   | d. Comments             |
| (include city, state, & zip) RETIRED  |                         |
| JAMA C GRAVES   |                         |
| 9266 WILSON RD c. Employer's Name/Specific Field  |                         |
| HILDEBRAN, NC 28637-8201 RETIRED  | e. Election Sum to Date |
| l f   |                         |
|   | \$ 500.00               |
| f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)   | k. Amount               |
| □ 1555R Check 04/09/2012  | \$ 500.00               |
| □ 1555R Cash 04/09/2012   | \$ 500.00               |
|   | s                       |
| 3. Contributor Information  |                         |
| a. Full Name, Mailing Routess & Full  | d. Comments             |
| (include city, state, & zip)  U.S. MARSHALL- RETIRED  |                         |
| STEVE W. GRAVES  C. Employer's Name/Specific Field  |                         |
| P.O. BOX 3741 HICKORY, NC 28603-3741 U.S. MARSHALL SERVICE  |                         |
|   | e. Election Sum to Date |
|   | S 566.14                |
| E Drivela Assert Calle Is Exercise and Is Is It Is a Province and Is In It Is | k. Amount               |
| f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)  In-Kind FILING 02/27/2012  |                         |
| FEE-COMMISSIONER-PER 02/21/2012   | \$ 90.00                |
| In-Kind VINYL STENCIL/DECALS-A 03/09/2012   | \$ 219.35               |
| In-Kind I50 COLOR COPIES .24EA 03/10/2012   | \$ 36.00                |
| 3. Contributor Information  | 16-                     |
| a. 1 dri  | d. Comments             |
| (include city, state, & zip)  U.S. MARSHALL- RETIRED  |                         |
| STEVE W. GRAVES P.O. BOX 3741  c. Employer's Name/Specific Field  |                         |
| HICKORY, NC 28603-3741 U.S. MARSHALL SERVICE  |                         |
| (828) 439-4223  | e. Hection Sum to Date  |
|   | \$ 566.14               |
| f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)   | k. Amount               |
| In-Kind REAGAN DAY PICNIC 04/14/2012  | \$ 20.00                |
| BOOTH 04/14/2012  |                         |
| PROMOTION 04/18/2012  | \$ 232.88               |
|   | \$                      |
| 4. Total only this Page   | \$ 1,598.23             |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)  | \$ 2,234.26             |

## **Contributions from Individuals**

|      |   |    |   | Amendm | ent   |
|------|---|----|---|--------|-------|
| Pg . | 3 | of | 4 | ☐ Yes  | No No |

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| 1. Com              | 1. Committee Full Name (and Fund if applicable) 2. ID Number    |   |                |                                   |                      |      |                         |  |
|---------------------|---|---|----------------|-----------------------------------|----------------------|------|-------------------------|--|
| COMM                | HTTEE TO ELEC   | CT STEVE GRAVES                                       | CATAWBA (      | COUNTY BO                         | ARD OF               |      | 3-DUM-9-6               |  |
|                     | IISSIONERS  | ANNO SEPTEMBER 1990 (1990) ANNO SEPTEMBER 1990 (1990) |                |                                   |                      |      |                         |  |
| 3. Cont             | ributor Informati   | on  |                | Add 🔲 Re                          | move                 |      |                         |  |
| a. Full N           | ame, Mailing Add  | lress & Phone   |                | b. Job Title/Pr                   | rofession            | d. ( | Comments                |  |
| (inclu              | de city, state, & z   | ip)   |                | FARMER                            |                      |      |                         |  |
| J. RAY              | LEONHARDT   |   |                |                                   | V 80                 | 1    |                         |  |
| ,                   | OX 368  |   |                |                                   | Name/Specific Field  | 1    |                         |  |
| MORG                | ANTON, NC 28  | 680   |                | SELF EMPL                         | OYED                 | e I  | lection Sum to Date     |  |
|                     |   |   |                |                                   |                      |      |                         |  |
|                     |   |   |                |                                   |                      | \$   | 100.00                  |  |
| f. Prior            | g. Account Code   | h. Form of Payment                                    | i. In-Kind Des | cription                          | j. Date (mm/dd/yyyy) | -    | k. Amount               |  |
|                     | 1555R   | Check   |                |                                   | 03/06/2012           |      | \$ 100.00               |  |
| -                   |   |   |                |                                   |                      |      | 6                       |  |
|                     |   |   |                |                                   |                      |      | S                       |  |
|                     |   | =   |                |                                   |                      |      | s                       |  |
| 3. Cont             | ributor Informati   | on  |                |                                   | California North     |      |                         |  |
| 1                   | Name, Mailing Ado   |   |                | b. Job Title/Pi                   | rofession            | d. ( | Comments                |  |
| (inclu              | de city, state, & z   | ip)   |                | MANAGER/                          | SR.VICE PRES         |      |                         |  |
| CHAR                | LES N. PAINTE   | R   |                | F                                 | N                    | 1    |                         |  |
|                     | EGERE COURT   |   |                | c. Employer's Name/Specific Field |                      |      |                         |  |
| MCLE                | AN, VA 22102  |   |                | EMERGING TECHNOLOGIES             |                      |      | e. Election Sum to Date |  |
| 1                   |   |   |                | GROUP                             |                      |      |                         |  |
| 1                   |   |   |                |                                   |                      |      | 100.00                  |  |
| f. Prior            | g. Account Code   | h. Form of Payment                                    | i. In-Kind Des | cription                          | j. Date (mm/dd/yyyy) |      | k. Amount               |  |
|                     | 1555R   | Check   |                |                                   | 03/12/2012           |      | \$ 100.00               |  |
|                     |   |   |                |                                   |                      |      | \$                      |  |
|                     |   |   |                |                                   |                      |      | s                       |  |
| 2 C                 | ributor Informati   | )   |                | Add □ Re                          | move                 |      |                         |  |
| 100 110 110 110 110 | ributor informati<br>Name, Mailing Add                          |   | L              | b. Job Title/Pr                   |                      | d. ( | Comments                |  |
|                     | ide city, state, & z  |   |                |                                   |                      | -    |                         |  |
|                     | GE S STRANGE  |   |                | GOVT/MANAGEMENT & PROGRAM ANALYST |                      |      |                         |  |
|                     | OX BRANCH CII   |   |                | c. Employer's Name/Specific Field |                      |      |                         |  |
|                     | JOHNS, FL 322   |   |                | U.S. MARSHALS SERVICE             |                      |      |                         |  |
|                     |   | STANDARD STANDARD                                     |                |                                   |                      | e. I | Dection Sum to Date     |  |
|                     |   |   |                |                                   |                      | s    | 100.00                  |  |
| f. Prior            | g. Account Code   | h. Form of Payment                                    | i. In-Kind Des | cription                          | j. Date (mm/dd/yyyy) |      | k. Amount               |  |
|                     | 1555R   | Check   |                |                                   | 03/06/2012           |      | \$ 100.00               |  |
|                     |   |   |                |                                   |                      |      | s                       |  |
|                     |   |   |                |                                   |                      |      | s                       |  |
| 4. Tot              | al only this Pa   | ge  |                |                                   | 1                    | S    | 300.00                  |  |
| 5. Tot              | al of ALL CR  | O-1210 Pages  |                |                                   |                      | s    | 2,234.26                |  |
| (This               | (This line must be on line 6 of Detailed Summary Page CRO-1100) |   |                |                                   |                      |      |                         |  |

|  | • | om Individuals        |                   |                    | _4 of _4             |      | ☐ Yes                  | No No  |
|--|---|-----------------------|-------------------|--------------------|----------------------|------|------------------------|--------|
| Use thi  | s form to report in                     | dividual contribution | s over \$50 or co | ontributions un    | der \$50 if form CRC | 1205 | 5 is not used          |        |
| 1. Com   | mittee Full Name                        | (and Fund if applicab | le)               |                    |                      | 2.   | ID Number              |        |
|  |   | CT STEVE GRAVES       | S CATAWBA         | COUNTY BO          | ARD OF               |      | 3-DUM                  | -9-6   |
| -  | MISSIONERS                              |                       |                   |                    |                      | ᆫ    |                        |        |
| 3. Con   | ributor Informati                       | on                    |                   | Add  Re            | move                 |      |                        |        |
| a. Full  | Name, Mailing Ado                       | dress & Phone         |                   | b. Job Title/Pr    | ofession             | d.   | Comments               |        |
| (incl  | ude city, state, & z                    | ip)                   |                   | POLICE             |                      |      |                        |        |
| BRUC   | E D TAIT                                |                       |                   | OFFICER/PA         | TROLMAN              | 1    |                        |        |
|  | ORNISH STREET                           | Γ                     |                   |                    | Name/Specific Field  |      |                        |        |
|  | MOUTH, MA 02                            |                       |                   | QUINCY POLICE DEPT |                      | 7    |                        |        |
|  |   |                       |                   |                    |                      | e.   | e. Hection Sum to Date |        |
|  |   |                       |                   |                    |                      | S    | 9                      | 100.00 |
|  |   |                       |                   | 1                  |                      | 13   | 3                      | 100.00 |
| f. Prior   | g. Account Code                         | h. Form of Payment    | i. In-Kind Des    | cription           | j. Date (mm/dd/yyy   | y)   | k. Amount              |        |
|  | 1555R                                   | Check                 |                   |                    | 03/12/2012           |      | s                      | 100.00 |
|  |   |                       |                   |                    |                      |      | s                      |        |
|  |   |                       |                   |                    |                      |      | s                      |        |
| 4. To  | 4. Total only this Page                 |                       |                   |                    |                      |      |                        | 100.00 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) |   |                       |                   |                    | s                    |      | 2,234.26               |        |

NC State Board of Elections

Amendment

April 2007

| Disbursements | p., 1c  |
|---------------|---------|
| Dispursements | Pg1_ of |

2 □ Yes X No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| 1. Committee Fu  | ill Name (and Fund i     | f applicable)  |                               |  | DA.A  |                        |        | 2. ID Number      |          |
|--|--------------------------|--|-------------------------------|--|-------|------------------------|--------|-------------------|----------|
| COMMITTEE  | TO ELECT STEVE           | GRAVES CATA  | WBA                           | COUNTY BO  | AR    | D OF                   |        | 3-DUM-9-6         |          |
| COMMISSION   |                          |  |                               |  |       |                        |        |                   |          |
| 3. Type of Disbu   |                          | use separate CRO   |                               | Charles and Charles As a second residence of the contract of t | typ   |                        |        |                   |          |
| Operating Exp  | enses Cont               | ributions to Candidat  | es/Polit                      | ical Committees  |       | ☐ Coc                  | rdinat | ed Party Expendit | ures     |
| 4. Payee Inform  | ation                    |  |                               | Add 🔲  |       | nove                   |        |                   |          |
| a. Full Name, Ma   | iling Address & Ph       | one  |                               | b. Coordinate  | d Co  | mmittee Na             | ıme    | d. Comments       |          |
| (include city, sta   | te, & zip)               |  |                               |  |       |                        |        |                   |          |
| ADEDA PROM   | IOTION                   |  |                               |  |       |                        |        |                   |          |
| 15 NORTH CO  | LLEGE AVE                |  |                               | c. Level Regis   | tered |                        |        |                   |          |
| NEWTON, NC   | 28658                    |  |                               | ☐ Federal ☐ State  |       | ☐ County:<br>☐ Municip | - 1    | e. Election Sum   | to Data  |
| (828) 466-3410   |                          |  |                               | LI State   |       | 🗀 минсір               | amy.   | e. Election Sum   | to Date  |
|  |                          |  |                               |  |       |                        |        | \$                | 600.00   |
| f. Account Code  | g. Form of Payment       | h. Purpose Code  | i. Date                       | (mm/dd/yyyy)   | j. A  | mount                  | k. Re  | quired Remarks    |          |
| 1555R  | Check                    | A  | 0-                            | 4/18/2012  | \$    | 600.00                 | YAR    | D SIGNS           |          |
|  |                          |  |                               |  | \$    |                        |        |                   |          |
| 4. Payee Informa   | ation                    |  |                               | Add 🔲  | Ren   | nove                   |        |                   |          |
|  | iling Address & Ph       | one  |                               | b. Coordinate  | d Co  | mmittee Na             | me     | d. Comments       |          |
| (include city, sta   | 1.75                     |  |                               |  |       |                        |        |                   |          |
| SHERWIN-WII  |                          |  |                               | 1  |       |                        |        |                   |          |
| 210 - IST AVE NE<br>HICKORY, NC 28601  |                          |  | c. Level Registered (Specify) |  |       |                        |        |                   |          |
|  |                          |  | ☐ Federal ☐ County:           |  |       |                        |        |                   |          |
| (828) 322-3407   |                          |  |                               | ☐ State  |       | ☐ Municip              | ality: | e. Dection Sum    | to Date  |
| get. 51  |                          |  |                               |  |       |                        |        | \$                | 105.60   |
| f. Account Code  | g. Form of Payment       | h. Purpose Code  | i. Date                       | (mm/dd/yyyy)   | j. A  | mount                  | k. Re  | quired Remarks    | i        |
| 1555R  | Debit Card               | A  | 0.                            | 3/08/2012  | s     | 69.50                  | PAIN   | T FOR SIGNS       | 5        |
| 1555R  | Debit Card               | A  | 0.3                           | 3/09/2012  | \$    | 36.10                  | PAIN   | T FOR SIGNS       |          |
| 4. Payee Inform  | ation                    |  |                               | Add 🔲  | Ren   | nove                   |        |                   |          |
|  | iling Address & Ph       | one  |                               | b. Coordinate  | d Co  | mmittee Na             | ıme    | d. Comments       |          |
| (include city, sta   | te, & zip)               |  |                               |  |       |                        |        |                   |          |
| THE HOME DI  | EPOT                     |  |                               |  |       |                        |        |                   |          |
| 1530 8TH ST D  | R S.E.                   |  |                               | c. Level Regis   | tered |                        |        |                   |          |
| HICKORY, NC  | 28602                    |  |                               | ☐ Federal  |       | County:                | 20000  | a Flastian Cum    | to Data  |
| (828) 327-9200   |                          |  |                               | State  |       | LI Municip             | any.   | e. Election Sum   | to Date  |
|  |                          |  |                               |  |       |                        |        | \$                | 97.99    |
| f. Account Code  | g. Form of Payment       | h. Purpose Code  | i. Date                       | (mm/dd/yyyy)   | j. A  | mount                  | k. Re  | quired Remarks    | i i      |
| 1555R  | Debit Card               | A  | 0.                            | 3/20/2012  | \$    | 28.76                  | PAIN   | NT                |          |
| 1555R  | Debit Card               | A  | 0:                            | 3/29/2012  | \$    | 69.23                  | SIGN   | PAINTING          |          |
| 5. Total only thi  | c Page                   |  |                               |  |       |                        |        | s                 | 803.59   |
|  | CRO-1310 Pages           |  |                               |  |       |                        |        |                   |          |
| The state of the s | n line 13a of Detailed S | Summary Page CRO   | _1100 if                      | Onerating Expe   | nses) |                        |        |                   | 045.15   |
|  | n line 13b of Detailed S |  |                               |  |       | s/Political C          | omm)   | S                 | 945.17   |
|  | n line 13c of Detailed S |  |                               |  |       |                        | •      |                   |          |
| THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW | des (List detailed       | AND DESCRIPTION OF THE PARTY OF | -                             |  |       |                        |        |                   |          |
| A* - Media   | B* - Printin             |  |                               | undraising   | 371   | D-To                   | Anotl  | ner Candidate     |          |
| E - Salaries   | F* - Equipm              | ~  |                               | litical Party  |       |                        |        | Public Office     | Expenses |
| I - Postage  | J - Penaltie             |  |                               | Office Expenses  | 5     |                        |        | n to Legal Expe   | A.77     |
| O* Other   |                          |  |                               |  |       |                        |        |                   |          |
| * Codes require  | e detailed explanation   | n in required ren  | narks f                       | ield(k)  |       |                        |        |                   |          |

Amendment

|               |    |   |             |    | Amendm | ent |
|---------------|----|---|-------------|----|--------|-----|
| Disbursements | Pg | 2 | of          | 2_ | ☐ Yes  | E   |
|               |    |   | S. Marcalli |    |        |     |

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

X No

| 1. Committee Fu    | ill Name (and Fund   | if applicable)         |            |                |         |           |          | 2. ID Numb    |             |
|--------------------|--|------------------------|------------|----------------|---------|-----------|----------|---------------|-------------|
| COMMITTEE '        | TO ELECT STEV  | E GRAVES CATA          | WBA C      | OUNTY BO       | OARD    | OF        |          | 3-DUM-        | 9-6         |
| COMMISSION         |  |                        |            |                |         |           |          |               |             |
| 3. Type of Disbu   |  | use separate CRO       |            |                |         | of Disbu  | rseme    | <u>nt.)</u>   |             |
| Operating Exp      | enses Con  | tributions to Candidat | es/Politic | al Committees  |         | ☐ Co      | ordinate | ed Party Expe | nditures    |
| 4. Payee Informa   | ation  |                        |            | Add 🔲          | Rem     | ove       |          |               |             |
| a. Full Name, Ma   | ailing Address & Pl  | none                   | (b         | . Coordinate   | d Con   | nmittee N | ame      | d. Commen     | ts          |
| (include city, sta | te, & zip)   |                        |            |                |         |           |          |               |             |
| VISTAPRINT U       | JSA, INC   |                        | 1          |                |         |           |          |               |             |
| 95 HAYDEN A        | VE   |                        |            | . Level Regis  | tered   |           |          |               |             |
| LEXINGTON,         | MA 02421   |                        | (4         | Federal        | -       | County:   |          |               |             |
|                    |  |                        | 1          | State          |         | Municip   | pality:  | e. Election S | um to Date  |
|                    |  |                        |            |                |         |           |          | \$            | 141.58      |
| f. Account Code    | g. Form of Payment   | h. Purpose Code        | i. Date (  | mm/dd/yyyy)    | j. An   | ount      | k. Re    | quired Rema   | ırks        |
| 1555R              | Debit Card   | A                      | 02/        | 06/2012        | s       | 141.58    | BUS      | INESS CAF     | RDS         |
|                    |  |                        |            |                | s       |           |          |               |             |
| 5. Total only this | s Page   |                        |            |                |         |           |          | S             | 141.58      |
| (This line goes in | CRO-1310 Pages In line 13a of Detailed In line 13b of Detailed In line 13c of Detailed | Summary Page CRO-      | 1100 if C  | ontrib to Cana | lidates |           |          | \$            | 945.17      |
| 7. Purpose Co      | odes (List detailed  | d expenditure code     | in (h.) al | oove)          |         |           |          |               |             |
| A* - Media         | B* - Printi  | 0                      |            | ndraising      |         |           |          | her Candidat  |             |
| E - Salaries       | F* - Equip   | nent                   | G - Polit  | tical Party    |         |           | _        |               | ce Expenses |
| I - Postage        | J - Penalti  | es                     | K* - Of    | fice Expense   | S       | Q* - D    | onatio   | on to Legal H | xpense Fund |
| O* Other           |  |                        |            |                |         |           |          |               |             |
| * Codes require    | e detailed explanati   | on in required rem     | arks fie   | ld(k)          |         |           |          |               |             |

CRO-1310 NC State Board of Elections December 2009

| Aggregated | Non- | -Media | Expe | nditures |
|------------|------|--------|------|----------|
|------------|------|--------|------|----------|

|       |   |        |     | e ndme nt |     |   |    |  |
|-------|---|--------|-----|-----------|-----|---|----|--|
| age _ | 1 | _ of _ | _1_ |           | Yes | X | No |  |

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| 1. Committee Full Name (and Fund if applicable)   |  |                    |                  |                | 2. ID     | 2. ID Number |           |                     |  |
|---|--|--------------------|------------------|----------------|-----------|--------------|-----------|---------------------|--|
| COMMITTEE TO ELECT STEVE GRAVES CATAWBA COUNTY BOARD OF COMMISSIONERS                           |  |                    |                  |                | 3-DUM-9-6 |              |           |                     |  |
| 3. Payee In   |  |                    |                  |                |           |              |           |                     |  |
| . Amend   | b. Account Code  | c. Form of Payment | d. Purpose Code  | e. Date (mm/de | l/yyyy)   | f. Amount    |           | g. Required Remarks |  |
| Add Remove  | 1555R  | Debit Card         | K                | 03/20/20       | 12        | \$ 16.90     |           | COPY PAPER          |  |
| 4. Total o  | only this Page   |                    |                  |                |           | S            |           | 16.90               |  |
| 5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100) |  |                    |                  |                | S 1       |              |           |                     |  |
| 6. Purpos   | e Codes (List  | detailed expenditu | re code in (d) a | ibove)         |           |              |           |                     |  |
|   |  | - Printing         | C* - Fundr       |                | D - '     | Γο An        | other Ca  | ndidate             |  |
| E - Sala  | ries F*  | - Equipment        | G - Political    | Party          | H* -      | Hold         | ling Pub  | lic Office Expenses |  |
|   | CHECKSON THE PROPERTY OF THE PERSON NAMED IN COLUMN 2 IS NOT THE P | Penalties          | K* - Office      | Expenses       | Q* -      | Don          | ations to | Legal Expense Fun   |  |

CRO-1315

NC State Board of Elections

December 2009

| Refunds/Re                        | imbu   | rsements   | From the Co                                 | mmittee Po  | 1 of                               | 1                  | Amendment    Yes                        | X No      |
|-----------------------------------|--|--|---|---|------------------------------------|--------------------|---|-----------|
|                                   |  |  | ements, including co                        |   |                                    | _                  | Later Control                           |           |
| 1. Committee Full                 | antersor I for the   | The second secon |   |   |                                    | THE REAL PROPERTY. | D Number                                |           |
|                                   | O ELEC   |  | AVES CATAWBA                                | COUNTY BOA  | RD OF                              | 3-E                | OUM-9-6                                 |           |
| 3. Payee Informat                 |  |  |   | Add ☐ Re  | move                               |                    |   |           |
| a. Full Name, Mail                | ing Add  | ress & Phone   |   | d. Type of Comm   | iittee                             | g. C               | omments                                 |           |
| (include city, sta                |  | p)   |   | Candidate Referendum  | ☐ PAC<br>☐ Party                   | Retu               | rned to contribu                        | nor.      |
| JAMA C GRAVE<br>9266 WILSON R     |  |  |   | e. Level Register   |                                    | h. C               | riginal Rece                            | ipt Date  |
| HILDEBRAN, NC 28637-8201          |  |  | Federal State                               | County: Municipality:   | ty: 04/09/2012                     |                    |   |           |
|                                   |  |  |   |   |                                    | i. O               | riginal Recei                           | pt Amount |
|                                   |  |  |   | \$  |                                    | 500.00             |   |           |
| b. Job Title/Profess              | . Job Title/Profession   c. Employer's Name/Specific Field |  | f. Purpose Code                             |   | j. E                               | ection Sum to      | o Date                                  |           |
| RETIRED                           |  | RETIRED  |   | L   |                                    |                    | 100000000000000000000000000000000000000 | 500.00    |
| k. Account Code                   | I. Form  | of Payment   | m. Required Remar                           | ks  | n. Date (mm/dd/y                   | yyy)               | o. Amount                               |           |
| 1555R                             | Check  |  |   |   | 04/09/2012                         |                    | s                                       | 500.00    |
| 3. Payee Informati                | ion  |  |   | Add ☐ Re  | move                               |                    |   |           |
| a. Full Name, Mail                |  | ress & Phone   |   | d. Type of Comm   | iittee                             | g. C               | omments                                 |           |
| (include city, sta                |  | p)   |   | ☐ Candidate ☐ Referendum  | ☐ PAC<br>☐ Party                   |                    |   |           |
| STEVE W. GRA'<br>P.O. BOX 3741    | VES  |  |   | e. Level Register   | stered (Specify) h. Original Recei |                    | ipt Date                                |           |
| HICKORY, NC                       | 28603-3  | 741  |   | Federal State   | ☐ County: ☐ Municipality:          | 03/09/2012         |   | )12       |
| (828) 439-4223                    |  |  |   |   |                                    | i. 0               | riginal Recei                           | pt Amount |
|                                   |  |  |   | 1   |                                    | \$ 219.3           |   | 219.35    |
| b. Job Title/Profess              | ion  | c. Employer's N  | iame/Specific Field                         | f. Purpose Code   |                                    | j. Đ               | ection Sum to                           | o Date    |
| U.S. MARSHALL- RI                 | ETIRED   | U.S. MARSHAL   | L SERVICE                                   | P   |                                    | s                  |   | 566.14    |
| k. Account Code                   | I. Form  | of Payment   | m. Required Remar                           | ks  | n. Date (mm/dd/y                   | ууу)               | o. Amount                               |           |
| 1555R                             | Check  |  | REIMBURSE A SIGN                            | CO EXPENSE  | 03/12/2012                         |                    | s                                       | 219.35    |
| 4. Total only this                | Page   |  |   |   |                                    | S                  |   | 719.35    |
| 5. Total of ALL C                 | RO-132   | 0 Pages<br>5 of Detailed Sur   | nmary Page CRO-110                          | 0)  |                                    | \$                 |   | 719.35    |
| THE RESIDENCE THE PERSON NAMED IN | AND THE RESIDENCE  |  | sement code in (f) al                       | THE RESERVE TO SERVE THE PARTY OF THE PARTY |                                    |                    |   |           |
| L - Returned to<br>P* - Reimburse | Contrib  | utor M - 0<br>In-Kim O* 0  | Overpayment for Se Other n required remarks | rvice   | N - Exceed                         | led (              | Contibution L                           | imit      |

| <b>In-Kind Contributions</b>                                 | Pg                     | 1 of                       | 1             | ☐ Yes 	█ No                                  |
|--|------------------------|----------------------------|---------------|--|
| Use this form to report non-monetary contributions, donation |                        |                            | the con       | nmittee or fund.                             |
| Use CRO-1215 if In-Kind Contributions were or will be        | refunded within        | n 7 days.                  | TO TO I       |  |
| 1. Committee Full Name (and Fund if applicable)              | WD A COUNT             | V DOADD                    | 1             | Number                                       |
| COMMITTEE TO ELECT STEVE GRAVES CATA'<br>OF COMMISSIONERS    | WBA COUNT              | Y BUAKD                    | 3-DUI         | M-9-6  |
|  | Add 🔲 Rei              |                            |               |  |
| a. Full Name, Mailing Address & Phone                        | b. Type of Con         | tributor                   | c. Com        | iments                                       |
| (include city, state, & zip)                                 | Individual Candidate   |                            |               |  |
| LISA B. COFFEY   | Party                  |                            |               |  |
| PO BOX 3741  | □ PAC                  |                            |               |  |
| HICKORY, NC 28603-3741<br>(828) 612-5800                     | Referendum             | 1                          | d. Hec        | tion Sum to Date                             |
| (626) 012-3000   | Other Recei            | ipt Source                 | \$            | 341.86                                       |
| e. Description   |                        | f. Date (mm/de             | l/yyyy)       | g. Fair Market Amount                        |
| POSTAGE  |                        | 01/09/20                   | 12            | \$ 6.23                                      |
| TAB DIVIDERS   |                        | 03/23/20                   | 12            | \$ 4.80                                      |
|  |                        |                            |               | s  |
| 3. Contributor Information                                   | Add Rei                |                            |               |  |
| a. Full Name, Mailing Address & Phone                        | b. Type of Con         | tributor                   | c. Com        | iments                                       |
| (include city, state, & zip)                                 | M Individual           |                            |               |  |
| STEVE W. GRAVES  | Candidate              |                            |               |  |
| P.O. BOX 3741  | Party PAC              |                            |               |  |
| HICKORY, NC 28603-3741                                       | Referendum             |                            | d. Hec        | tion Sum to Date                             |
| (828) 439-4223   | Other Recei            |                            |               |  |
|  |                        |                            | \$            | 566.14                                       |
| e. Description   |                        | f. Date (mm/de             | l/yyyy)       | g. Fair Market Amount                        |
| FILING FEE-COMMISSIONER-PERS CK1010                          | 0.00                   | 02/27/20                   | 12            | \$ 90.00                                     |
| VINYL STENCIL/DECALS-A SIGNCO                                |                        | 03/09/20                   | 12            | \$ 219.35                                    |
| 150 COLOR COPIES .24EA                                       |                        | 03/10/20                   | 12            | \$ 36.00                                     |
| 3. Contributor Information                                   | Add Ren                |                            |               |  |
| a. Full Name, Mailing Address & Phone                        | b. Type of Con         | tributor                   | c. Com        | ments  |
| (include city, state, & zip)                                 | Individual Candidate   |                            |               |  |
| STEVE W. GRAVES  | Party                  |                            |               |  |
| P.O. BOX 3741  | PAC                    |                            |               |  |
| HICKORY, NC 28603-3741<br>(828) 439-4223                     |                        |                            | d. Flec       | tion Sum to Date                             |
| (828) 439-4223   | ☐ Referendum           | 1                          | 1             |  |
| I .  | Referendum Other Recei |                            |               | 566 14                                       |
| D. D. Santadian  | 1—                     | ipt Source                 | s             | 566.14                                       |
| e. Description   | 1—                     | f. Date (mm/do             | \$<br>1/yyyy) | g. Fair Market Amount                        |
| REAGAN DAY PICNIC BOOTH                                      | 1—                     | ipt Source                 | \$<br>1/yyyy) |  |
|  | 1—                     | f. Date (mm/do             | \$<br>1/yyyy) | g. Fair Market Amount                        |
| REAGAN DAY PICNIC BOOTH                                      | 1—                     | f. Date (mm/dd<br>04/14/20 | \$<br>1/yyyy) | g. Fair Market Amount<br>\$ 20.00            |
| REAGAN DAY PICNIC BOOTH                                      | 1—                     | f. Date (mm/dd<br>04/14/20 | \$<br>1/yyyy) | g. Fair Market Amount   \$ 20.00   \$ 232.88 |

Amendment